12500020294 (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIT. MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status ___ Special Instructions to Filing Officer:





600442184226

01/08/25--01017--013 **130.00

SUBJAN-8 AHII: 10

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Jager Equity, LLC Name	of Limited Liability Company	
	, ,	
The enclosed Articles of Organization and fee	e(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Fred C Hun		<u> </u>
	Name of Person	
		·
	Firm/Company	
1416 Bodell	Ln	
	Address	
Orlando, FL	32803	
50	City/State and Zip Code	
RHunter119@	<u> </u>	
E-mail address: (to be	e used for future annual report notificati	on)
For further information concerning this matter.	please call:	
Fred C Hunter	at (407) 625-0333	
Name of Person	Area Code Daytime Telephone	2 Number
Enclosed is a check for the following amount	:	
□\$125.00 Filing Fee ☑\$130.00 Filing Certificate of State		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha	

P.O. Box 6327 Tallahassee, FL 32314 PILED

2025 JAN -8 AMII: 10

TALL AND LESS STATE

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
1416 BODEL LU ORIANDO FL J2803	1416 BOOTEL LU Orinno, FL 32803			
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered				

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Shannen L Akini, Esg,
Name

823 Irma Ave
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32803

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ZOZS JAN -8 AMII: 10

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Fred C Hunter	
	1416 Bodell Ln Orlando FL 32803	70.5
		2
		MAII.
		10
		<u></u>
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	ecific and cannot be more than five busi meet the applicable statutory filing require	ness days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	1 (life)	
This document is executed any fals	ember or an authorized representative ted in accordance with section 605.0203 (e information submitted in a document to e felony as provided for in s.817.155, F.S.	1) (b), Florida Statutes. the Department of State
Fred	C Hunter Typed or printed name of signer	

as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)